## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Senate Conservatives Fund	C C00448696	
	M = M / D = D / Y = Y = Y	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination	
	01 11 2014	
Mailing Address PO Box 388	Amount	
City State Zip Code	762.15	
Alexandria VA 22313-0388	Transaction ID: E0E7960E337FD4890B4D Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Online Processing  Category/ Type	01 D D C 2014	
Name of Federal Candidate	pport Office Sought: House District:	
Christopher Brian Mcdaniel Op	pose President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought  11293.90	Disbursement For:	
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination	
	01 / 18 / 2014	
Mailing Address PO Box 388	Amount	
City State Zip Code	33.00	
Alexandria VA 22313-0388	Transaction ID: EC562F03FD36B47F6827 Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Mail Processing  Category/ Type	01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	pport Office Sought: House District:	
Christopher Brian Mcdaniel Or	ppose President X Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought  11564.35	Disbursement For:	
(a) CURTOTAL of Harrised Independent Funerality as	705.45	
(a) SUBTOTAL of Itemized Independent Expenditures	795.15	
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.		
Paul Kilgore [Electronically Filed]	Date 01 31 2014	
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	1123	PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Senate Conservatives Fund		C C00448696	
Check if 24-hour report X 48-hour report New report Amends report filed on			
Full Name of Payee	Da	te of Public Distribution/Dissemination	
Senate Conservatives Fund		M 01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 388	Am	nount	
City State Zip	Code	237.45	
		ansaction ID : EA1F6630208114C49BD5 te of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Online Processing  Ca	ategory/ Type	01 18 / 2014	
Name of Federal Candidate	Support Office Sou	ught: House District:	
Christopher Brian Mcdaniel	Oppose Pres	sident State: MS	
Calendar Year-To-Date Per Election for Office Sought  1156	Disbursem 2014	nent For:	
Full Name of Payee	Da	te of Public Distribution/Dissemination	
Allegiance Direct LLC		01 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 421 E E St	Am	nount	
City State Zip	Code	7269.61	
		nsaction ID : E25A56694511F4B729E2 te of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Direct Mail Production  Ca	ttegory/ Type	01 / 22 / 2014	
Name of Federal Candidate	Support Office Sou	ught: House District:	
Christopher Brian Mcdaniel	Oppose Pre	sident Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	Disbursen 2014	nent For: X Primary General Other (specify) >	
(a) SUBTOTAL of Itemized Independent Expenditures		7507.06	
	_		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····		
(c) TOTAL Independent Expenditures	······	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Paul Kilgore [Electronically	Filed] Date 01	/ 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Senate Conservatives Fund	C C00448696	
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y	
Full Name of Payee Senate Conservatives Fund	Date of Public Distribution/Dissemination	
	01 25 2014	
Mailing Address PO Box 388	Amount	
City State Zip Code	541.10	
Alexandria VA 22313-0388	Transaction ID : EC688B24BA3474676913 Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Online Processing  Category/ Type	01 / 25 / 2014	
	e Sought: House District:	
Christopher Brian Mcdaniel Oppose	President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For:	
Full Name of Payee ASG Marketing	Date of Public Distribution/Dissemination	
	01	
Mailing Address 2020 Pennsylvania Ave NW	Amount	
City State Zip Code	7271.80	
Washington DC 20006-1811	Transaction ID : E410EB158629E4A5FB41 Date of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Email List Rental  Category/ Type	01 30 2014	
Name of Federal Candidate Support Office	e Sought: House District:	
Christopher Brian Mcdaniel Oppose	President State: MS Senate	
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:	
(a) CURTOTAL of Provinced Lodge 1 1 5 7 77		
(a) SUBTOTAL of Itemized Independent Expenditures	7812.90	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	16115.11	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		